

STATE IDENTIFICATION NUMBER  
(If Applicable)EPA IDENTIFICATION NUMBER  
(265.11)

R(84) E122

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS  
TREATMENT, STORAGE, AND DISPOSAL FACILITIES  
Form A - General Facility StandardsI. General Information:

(A) Facility Name: UNIVERSAL PROPELLION COMPANY  
(B) Street: 2540 N. CENTRAL AVENUE  
(C) City: PHOENIX (D) State: AZ (E) Zip Code: 85029  
(F) Phone: (602) 869-8067 (G) County: \_\_\_\_\_  
(H) Operator: \_\_\_\_\_  
(I) Street: \_\_\_\_\_  
(J) City: \_\_\_\_\_ (K) State: \_\_\_\_\_ (L) Zip Code: \_\_\_\_\_  
(M) Phone: \_\_\_\_\_ (N) County: \_\_\_\_\_  
(O) Owner: \_\_\_\_\_  
(P) Street: \_\_\_\_\_  
(Q) City: \_\_\_\_\_ (R) State: \_\_\_\_\_ (S) Zip Code: \_\_\_\_\_  
(T) Phone: \_\_\_\_\_ (U) County: \_\_\_\_\_  
(V) Date of Inspection: 3/17/84 (W) Time of Inspection (From) \_\_\_\_\_ (To) \_\_\_\_\_  
(X) Weather Conditions: CLEAR

|      |                             |  |           |
|------|-----------------------------|--|-----------|
| (Y)  | Person(s) Interviewed       | Title                                  | Telephone |
|      | <u>HAROLD WATSON</u>        | <u>PRESIDENT</u>                       |           |
|      | <u>WILLIAM HALLAS</u>       | <u>DIRECTOR, FACILITIES AND SAFETY</u> |           |
|      | <u>LARRY KEMPTON</u>        | <u>EXECUTIVE VICE PRESIDENT</u>        |           |
| (Z)  | Inspection Participants     | Agency/Title                           | Telephone |
|      | <u>DANIEL SHANE</u>         | <u>EPA</u>                             |           |
|      | <u>CYNTHIA L. ALLISON</u>   | <u>AZDOHS</u>                          |           |
| (AA) | Preparer Information        |  |           |
|      | Name <u>DANIEL M. SHANE</u> | Agency/Title <u>EPA</u>                | Telephone |

## II. SITE ACTIVITY:

Complete sections I through VII for all treatment, storage, and/or disposal facilities. Complete the forms (in parenthesis) in section VIII corresponding to the site activities identified below:

- |  |  |
|--|--|
| <p><input checked="" type="checkbox"/> A. Storage and/or Treatment</p> <p>1. <u>Containers (I)</u></p> <p>2. Tanks (J)</p> <p>3. Surface Impoundments (K)</p> <p>4. Waste Piles (L)</p> <p><input type="checkbox"/> B. Land Treatment (M)</p> <p><input type="checkbox"/> C. Landfills (N)</p> | <p><input checked="" type="checkbox"/> D. Incineration and/or <u>Thermal Treatment (O and P)</u></p> <p><input type="checkbox"/> E. Chemical, Physical, and Biological Treatment (Q)</p> |
|--|--|

Note: If facility is also a generator or transporter of hazardous waste complete sections IX and X of this form as appropriate.

III. GENERAL FACILITY STANDARDS:  
(Part 265 Subpart B)

|   | Yes                                 | No | NI* | Remarks                     |
|---|-------------------------------------|----|-----|-----------------------------|
| (A) Has the Regional Administrator been notified regarding:   |                                     |    |     |                             |
| 1. Receipt of hazardous waste from a foreign source? (265.12)   | <input checked="" type="checkbox"/> |    |     |                             |
| (B) General Waste Analysis: (265.13)  |                                     |    |     |                             |
| 1. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?                                     | <input checked="" type="checkbox"/> |    |     | <u>Burn residue</u>         |
| 2. Does the owner or operator have a detailed waste analysis plan on file at the facility?  | <input checked="" type="checkbox"/> |    |     |                             |
| Does the plan contain:  |                                     |    |     |                             |
| -Parameters of analysis of each waste handled?  | <input checked="" type="checkbox"/> |    |     |                             |
| -Rationale for the selection of each parameter?   | <input checked="" type="checkbox"/> |    |     |                             |
| -Test methods for each parameter?   | <input checked="" type="checkbox"/> |    |     |                             |
| -Sampling methods for each waste?   | <input checked="" type="checkbox"/> |    |     |                             |
| -Frequency which each analysis will be reviewed or repeated?  | <input checked="" type="checkbox"/> |    |     |                             |
| 3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site? |                                     |    |     | <u>N/A</u>                  |
| 4. If the above procedures include sampling, is the sampling method described?  |                                     |    |     | <u>N/A</u>                  |
| (C) Security - Do security measures include: (if applicable) (265.14)   |                                     |    |     |                             |
| 1. 24-hour surveillance?  |                                     |    |     |                             |
| 2. Artificial or natural barrier around facility?   | <input checked="" type="checkbox"/> |    |     | <u>Perimeter fence line</u> |
| 3. Controlled entry?  | <input checked="" type="checkbox"/> |    |     |                             |

\* Not Inspected

III. GENERAL FACILITY STANDARDS: - Continued  
(Part 265 Subpart B)

|  | Yes                                 | No                                  | NI*                      | Remarks                                       |
|--|-------------------------------------|-------------------------------------|--------------------------|---|
| 4. Danger sign(s) at entrance?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |   |
| 5. Is there a sign with the legend<br>"Danger-Unauthorized Personnel Keep Out"<br>posted at each entrance to active<br>portions of the facility?     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |   |
| (D) Do Owner or Operator Inspections<br>Include an: (265.15)   |                                     |                                     |                          |   |
| 1. Inspection schedule?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |   |
| a. Does the schedule identify types<br>of problems that are expected<br>from malfunctions, operator<br>error, deterioration or discharges<br>of all: |                                     |                                     |                          |   |
| Safety, emergency equipment?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |   |
| Security equipment?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |   |
| Operating and structural<br>equipment?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |   |
| b. Does the schedule indicate the<br>frequency of inspection for<br>each item?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| c. Does the schedule include daily<br>inspection of loading and<br>unloading areas?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | N/A   |
| 2. Inspection log?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| Does the log include:  |                                     |                                     |                          | NO INSPECTION<br>LOG FOR CONTAINER<br>STORAGE |
| -Date & time of inspection?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| -Name of inspector?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| -Observations recorded?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| -Date & nature of repairs or<br>other remedial actions?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |

\* Not Inspected

**III. GENERAL FACILITY STANDARDS: - Continued**  
(Part 265 Subpart B)

|   | Yes | No | NI* | Remarks |
|---|-----|----|-----|---------|
| <b>(E) Personnel Training:</b><br>(Effective 5/19/81) (265.16)  |     |    |     |         |
| 1. Have facility personnel received required training by 5/19/81?   | ✓   | —  | —   | —       |
| 2. Do new personnel receive required training within six months?  | ✓   | —  | —   | —       |
| 3. Does facility have a program of classroom instruction or on-the-job training?  | ✓   | —  | —   | —       |
| 4. Is it directed by a person trained in hazardous waste management?  | ✓   | —  | —   | —       |
| Does the program include training in:   |     |    |     |         |
| a. Emergency Response?  | ✓   | —  | —   | —       |
| i. Emergency Equipment?   | ✓   | —  | —   | —       |
| ii. Emergency Procedures?   | ✓   | —  | —   | —       |
| iii. Emergency Systems?   | ✓   | —  | —   | —       |
| 5. Do personnel training records include:   |     |    |     |         |
| a. Job titles?  | ✓   | —  | —   | —       |
| b. Job descriptions?  | ✓   | —  | —   | —       |
| c. Description of training?   | ✓   | —  | —   | —       |
| d. Records of training?   | ✓   | —  | —   | —       |
| <b>(F) If required are the following special requirements for ignitable, reactive, or incompatible wastes addressed? (265.17)</b> |     |    |     |         |
| 1. Special handling?  | ✓   | —  | —   | —       |
| 2. No smoking signs?  | ✓   | —  | —   | —       |
| 3. Separation and protection from ignition sources?   | ✓   | —  | —   | —       |

\* Not inspected

IV. PREPAREDNESS AND PREVENTION:  
(Part 265 Subpart C)

|   | Yes | No | NI* | Remarks        |
|---|-----|----|-----|----------------|
| (A) Maintenance and Operation of Facility:  |     |    |     |                |
| Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent? | —   | ✓  | —   | —              |
| (B) If required, does the facility have the following equipment: (265.32)                               |     |    |     |                |
| 1. Internal communications or alarm systems?  | ✓   | —  | —   | PAGING SYSTEM. |
| 2. Telephone or 2-way radios at the scene of operations?  | —   | —  | —   | —              |
| 3. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?    | ✓   | —  | —   | —              |
| Indicate the volume of water and/or foam available for fire control:                                    |     |    |     |                |
| <u>Facility uses on-site water well.</u>  |     |    |     |                |
| (C) Testing and Maintenance of Emergency Equipment: (265.33)  |     |    |     |                |
| 1. Has the owner or operator established testing and maintenance procedures for emergency equipment?    | ✓   | —  | —   | —              |
| 2. Is emergency equipment maintained in operable conditions?  | —   | —  | ✓   | —              |
| (D) Has owner or operator provided immediate access to internal alarms (if needed)? (265.34)            |     |    |     |                |
|   | —   | —  | —   | N/A            |
| (E) Is there adequate aisle space for unobstructed movement? (265.35)                                   |     |    |     |                |
|   | ✓   | —  | —   | —              |

\* Not Inspected

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES:  
(Part 265 Subpart D)

Yes No NI\* Remarks

(A) Does the Contingency Plan contain the following information:

1. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (265.52)  
(If the owner has a Spill Prevention, Control, and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.) (265.51)
2. Arrangements agreed by local police department, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?
3. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators? (265.52) (listed in order of responsibility)
4. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities? (265.52)
5. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?) (265.52)

|   |   |   |   |
|---|---|---|---|
| ✓ | — | — | — |
| ✓ | — | — | — |
| — | ✓ | — | — |
| — | ✓ | — | — |
| ✓ | ✓ | — | — |

\* Not inspected

## V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES Continued

|  | Yes                                 | No                                  | NI* | Remarks |
|--|-------------------------------------|-------------------------------------|-----|---------|
| (B) Are copies of the Contingency Plan available at site and local emergency organizations? (265.53)                                       |                                     | <input checked="" type="checkbox"/> |     |         |
| (C) Emergency Coordinator (265.55)   |                                     |                                     |     |         |
| 1. Is the facility Emergency Coordinator identified?   | <input checked="" type="checkbox"/> |                                     |     |         |
| 2. Is coordinator familiar with all aspects of site operation and emergency procedures?  | <input checked="" type="checkbox"/> |                                     |     |         |
| 3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?  | <input checked="" type="checkbox"/> |                                     |     |         |
| (D) Emergency Procedures   |                                     |                                     |     |         |
| If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56? |                                     |                                     |     | N/A     |

VI. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING  
(Part 265 Subpart E)

|   | Yes | No | NI* | Remarks                    |
|---|-----|----|-----|----------------------------|
| (A) Use of Manifest System (265.71)   |     |    |     |                            |
| 1. Does the facility follow the procedures listed in §265.71 for processing each manifest?  |     |    |     | N/A                        |
| 2. Are records of past shipments retained for 3 years? (262.40)                             |     |    |     | NO WASTES removed OFF SITE |
| (B) Does the owner or operator meet requirements regarding manifest discrepancies? (265.72) |     |    |     | N/A                        |

\*Not Inspected



VI. RECORDKEEPING - Continued

(C) Operating Record (265.73)

1. Does the owner or operator maintain an operating record as required in 265.73?

✓

2. Does the operating record contain the following information:

\*\*b. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in Appendix I?

✓

c. The location and quantity of each hazardous waste within the facility?

✓

\*\*\*d. A map or diagram of each cell or disposal area showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)

N/A

e. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections?

✓

f. Reports detailing all incidents that required implementation of the Contingency Plan?

✓

NO INCIDENTS

g. All closure and post closure costs as applicable? (Effective 5-19-81)

✓

reported related to hazardous wastes.

\*\* See page 33252 of the May 19, 1980, Federal Register.

\*\*\* Only applies to disposal facilities

## SUBPART G

CLOSURE AND POST CLOSURECLOSURE PLANI. WRITTEN PLAN

|  | <u>YES</u> | <u>NO</u> | <u>NI</u> | <u>REMARKS</u> |
|--|------------|-----------|-----------|----------------|
| 1. Does the facility have a closure plan? (265.112.a.)                     | —          | ✓         | —         | _____          |
| 2. Has the closure plan been amended?                                      | —          | ✓         | —         | _____          |
| a. amended due to change in operating plan or facility design? (265.112b). | —          | ✓         | —         | _____          |
| b. amended due to change in expected year of closure? (265.112b).          | —          | ✓         | —         | _____          |
| c. was the plan amended within 60 days of the changes? (265.112b).         | —          | ✓         | —         | _____          |

II. MAXIMUM EXTENT OF OPERATION

|   |   |   |   |       |
|---|---|---|---|-------|
| 1. Does the plan estimate the maximum extent of operation which will be unclosed during the life of the facility? (265.112.a.2) | — | ✓ | — | _____ |
| 2. Is the maximum extent of operation estimate exceeded by current operations?  | — | ✓ | — | _____ |

III. MAXIMUM INVENTORY

|  |   |   |   |       |
|--|---|---|---|-------|
| 1. Is there an estimate of the maximum inventory of wastes in storage or treatment at any time during the life of the facility? (265.112.a.2). | — | ✓ | — | _____ |
| 2. Does the maximum inventory estimate include the maximum amount of on-site:  |   |   |   |       |
| a. wastes in surface impoundments?   | — | — | — | _____ |
| b. wastes in tanks?  | — | — | — | _____ |
| c. wastes in piles?  | — | — | — | _____ |
| d. wastes in drainage pits/sumps?  | — | — | — | _____ |
| e. wastes in containers?   | — | ✓ | — | _____ |
| f. contaminated soil from land treatment fields?   | — | — | — | _____ |
| g. contaminated soil and liners from non-disposal impoundments?  | — | — | — | _____ |
| h. contaminated soil from spills and leaks?  | — | — | — | _____ |
| i. decontaminated residues?  | — | — | — | _____ |
| j. process residues?   | — | ✓ | — | _____ |
| k. other (specify) _____   | — | — | — | _____ |

|  | <u>YES</u> | <u>NO</u> | <u>NI</u> | <u>REMARKS</u> |
|--|------------|-----------|-----------|----------------|
| 3. Does the plan discuss the types of testing and criteria to be used to determine:                      |            |           |           |                |
| a. whether soil is contaminated?   | —          | ✓         | —         | —              |
| b. whether decontamination residues are hazardous?   | —          | ✓         | —         | —              |
| c. other (specify) _____   |            |           |           |                |
| 4. Are incompatible wastes identified and provisions described for keeping them separate during closure? | —          | —         | —         | N/A            |

#### IV. FINAL CLOSURE

|  |   |   |   |   |
|--|---|---|---|---|
| 1. Does the plan identify the steps to close:  |   |   |   |   |
| a. at any point during the intended operating life? (265.112a)   | — | ✓ | — | — |
| b. at the end of the intended operating life? (265.112a)   | — | ✓ | — | — |
| 2. Do the steps to close in the plan include:  |   |   |   |   |
| a. removal of wastes? (265.112a)   | — | ✓ | — | — |
| b. treatment of wastes? (265.112a)   | — | ✓ | — | — |
| c. waste disposal? (265.112a)  | — | ✓ | — | — |
| d. decontamination of equipment & structures? (265.112a 3)   | — | ✓ | — | — |
| e. closure certification? (265.115)  | — | ✓ | — | — |
| 3. Does the plan identify the year when final closure is expected to occur? (265.112a.4).  | — | ✓ | — | — |
| 4. Is there a schedule for final closure activities? (265.112a.4).   | — | ✓ | — | — |
| 5. Does the schedule for final closure include:  |   |   |   |   |
| a. date closure is expected to begin? (265.112a.1).  | — | ✓ | — | — |
| b. total time required to close: (265.112a.4).   | — | ✓ | — | — |
| c. the items for intervening closure activities (milestone dates)? (265.112a.4) (i.e. time required for waste inventory treatment; disposal; decontamination). | — | ✓ | — | — |

|   | <u>YES</u> | <u>NO</u> | <u>NI</u> | <u>REMARKS</u> |
|---|------------|-----------|-----------|----------------|
| 6. Does the schedule for final closure:   |            |           |           |                |
| a. encompass more than 90 days for treatment, removal or disposal of hazardous waste after receipt of final volume of wastes? (265.113a). | —          | —         | ✓         | —              |
| b. encompass more than 180 days for completion of closure plan activities after receipt of final volume of wastes? (265.113b).            | —          | —         | ✓         | —              |

V. PARTIAL CLOSURE

|  |   |   |   |   |
|--|---|---|---|---|
| 1. Does the plan describe the closure of discreet regulated waste management units during the intended operating life? (265.112a.1).   | — | — | ✓ | — |
| 2. Do the plans for partial closure identify how the requirements of Sections 265.111, 165.113, 265.114 & 265.115 and other closure requirements specific to the regulated unit will be met? (265.112a.1). | — | — | ✓ | — |
| 3. Does the plan identify the date(s) when partial closure is expected to occur? (265.112a.1).   | — | — | ✓ | — |

VIII. FACILITY STANDARDS  
(Part 265, Subparts I thru R)

I  
USE AND MANAGEMENT OF CONTAINERS

Facility Name: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

|   | Yes                                 | No                                  | NI*                      | Remarks                  |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 1. Are containers in good condition?<br>(265.171)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                          |
| 2. Are containers compatible with<br>waste in them? (265.172)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                          |
| 3. Are containers stored closed?<br>(265.173a)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                          |
| 4. Are containers managed to prevent<br>leaks? (265.173b)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                          |
| 5. Are containers inspected weekly for<br>leaks and defects? (265.174)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>INSPECTED MONTHLY</i> |
| 6. Are ignitable & reactive wastes<br>stored at least 15 meters (50 feet)<br>from the facility property line?<br>(Indicate if waste is ignitable or<br>reactive.) (265.176) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                          |
| 7. Are incompatible wastes stored in<br>separate containers? (If not, the<br>provisions of 40 CFR 265.17(b)<br>apply.) (265.176)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <i>N/A</i>               |
| 8. Are containers of incompatible<br>waste separated or protected from<br>each other by physical barriers<br>or sufficient distance? (265.177)                              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <i>N/A</i>               |

O and P  
INCINERATION and THERMAL TREATMENT 340-351\*

(A) Facility Name: Universal Propulsion Company  
 (B) Date of Inspection: march 19, 1984

I. Determination of Steady State

A. Type of unit (i.e., type of incinerator or thermal treatment):  
Open Burning

B. Components and steady state condition:

\*\*\*\* Was this component at SS prior to adding v

| Component | Yes   | No    | NI*                                 | Remarks |
|-----------|-------|-------|-------------------------------------|---------|
| 1. _____  | _____ | _____ | <input checked="" type="checkbox"/> | _____   |
| 2. _____  | _____ | _____ | <input checked="" type="checkbox"/> | _____   |
| 3. _____  | _____ | _____ | <input checked="" type="checkbox"/> | _____   |
| 4. _____  | _____ | _____ | <input checked="" type="checkbox"/> | _____   |
| 5. _____  | _____ | _____ | <input checked="" type="checkbox"/> | _____   |

II. Waste Analysis

A. Minimum requirements, for wastes not previously burned/treated.

| 1. Required analyses; has an analysis been performed for the following? | Yes   | No    | NI*                                 | Remarks |
|---|-------|-------|-------------------------------------|---------|
| a. Heating value  | _____ | _____ | <input checked="" type="checkbox"/> | _____   |
| b. Halogen content  | _____ | _____ | <input checked="" type="checkbox"/> | _____   |
| c. Sulfur content   | _____ | _____ | <input checked="" type="checkbox"/> | _____   |

\*Not Inspected

Yes No NI\* Remarks

2. Has documented or written data been substituted for analysis of either:

a. Lead?

— — ✓

b. Mercury?

— — ✓

B. List other parameters for which the waste is tested to enable owner or operator to establish steady state or determine the types of pollutants which may be emitted. (Note in Remarks any which you feel should be tested.)

Remarks

1. GASES - H<sub>2</sub>O, CO<sub>2</sub>, N<sub>2</sub>, HCL, NO<sub>x</sub>

2. Solids - Al<sub>2</sub>O<sub>3</sub>, KCl, Fe<sub>2</sub>O<sub>3</sub>

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

### III. Monitoring and Inspections

Yes No NI\* Remarks

A. Are combustion/emission control instruments monitored at least every 15 minutes?

— — ✓

B. Is steady state maintained or corrections attempted?

— — ✓

C. Is stack plume observed at least hourly for normal color and opacity?

— — ✓

D. Did any stack observations made by owner or operator show a plume different than normal?\*

— — ✓

E. If yes to D above, were corrections made to return emissions to normal appearance?\*

— — ✓

F. Are the complete unit and associated equipment inspected daily for leaks, spills, and fugitive emissions?

— — ✓

G. Are emergency shutdown controls and system alarms checked daily for proper operation?

— — ✓

\*Not Inspected

\*\*Specify in Remarks for what period of time this was checked.

#### IV. Open Burning

A. Only complete this part if the facility open burns hazardous waste.

|   | Yes | No | NI* | Remarks  |
|---|-----|----|-----|--|
| 1. Does this facility burn <u>only</u> waste explosives?<br>(A No answer means <u>other</u> hazardous waste is open-burned.)                                    | ✓   |    |     | <u>Solid propellant</u><br><u>CLASS B Explosives</u> |
| 2. If this facility open-burns waste explosives, does it burn the waste at a distance greater than or equal to the minimum specified distance (below) (265.382) | ✓   |    |     | <u>APPROX. 500'</u>                                  |

| Pounds of waste explosives or propellants | Minimum distance from open burning or detonation to the property of others |                 |
|---|--|-----------------|
| 0 to 100.....                             | 204 m  | 670 ft          |
| <u>101 to 1,000.....</u>                  | <u>380 m</u>   | <u>1,250 ft</u> |
| 1,001 to 10,000.....                      | 530 m  | 1,730 ft        |
| 10,001 to 30,000.....                     | 690 m  | 2,260 ft        |

Q

#### CHEMICAL, PHYSICAL and BIOLOGICAL TREATMENT

Facility Name: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

|   | Yes | No | NI* | Remarks |
|---|-----|----|-----|---------|
| 1. Is equipment used to treat only those wastes which will not cause leakage, corrosion, or premature failure? (265.401.b)              |     |    |     |         |
| 2. Is a continuously fed system equipped with a means of hazardous waste inflow stoppage or control (e.g., cut-off system?) (265.401.c) |     |    |     |         |

\*Not Inspected